### U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

# **ELEVATION CERTIFICATE**

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008 Expiration Date: July 31, 2015

					- PROPERTY I		ON	FOR INSURANCE	COMPANY USE
A1.	A1. Building Owner's Name The Housing Authority of the City of Waveland  Policy Number:								
A2.	Building Street Address 523 Camille	ess (including Apt Circle	., Unit, Suite, and	or Bldg	No.) or P.O. Rout	e and Box No		Company NAIC Num	ber:
	<sup>City</sup> Waveland				Sta	<sup>te</sup> MS		ZIP Code 39576	
A3.	Property Description Part of Tax Parce	(Lot and Block No I #162H-0-03-0	umbers, Tax Parce 18.00 (building	l Numbe 14)	r, Legal Descripti	on, etc.)			
A5.	. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential  Latitude/Longitude: Lat. 30d17'15.5" Long. 89d22'42.0" Horizontal Datum: □ NAD 1927 NAD 1983  Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					927 NAD 1983			
A7.	Building Diagram Nu	mber <u>1A</u>	-1		G				
A8.	For a building with a a) Square footage o			na	sq ft		ouilding with an att uare footage of at	0 0	na sq ft
	<ul><li>b) Number of perma or enclosure(s) w</li></ul>	nent flood openin ithin 1.0 foot abo	gs in the crawlsp ve adjacent grade	ace <u>na</u>		b) Nu wit	mber of permaner hin 1.0 foot above	nt flood openings in e adjacent grade	the attached garage
	c) Total net area of t		Paris Comment	na	sq in	c) Tot	al net area of floor	d openings in A9.b	_na sq in
	d) Engineered flood		Yes 🛛 No			7.	gineered flood ope		No No
D1	NFIP Community Nam			D INSU			I) INFORMATION		
	City of Waveland 2	285262		State of the state	B2. County Nan Hancock	ne		B3.	State
B4.	Map/Panel Number	B5. Suffix	B6. FIRM Index	Date	B7. FIRM Panel Revised Da		B8. Flood Zone(s	B9. Base Floo	d Elevation(s) (Zone ase flood depth)
	28045C0342	D	10/16/200		10/16/2		AE		18
	Indicate the source o ☐ FIS Profile ☐ FI	f the Base Flood IRM 🔲 Commu	Elevation (BFE) da unity Determined		se flood depth er her/Source:	ntered in Item	n B9:		
	Indicate elevation dat			NGVD	Altin Marketin	VD 1988	☐ Other/Source		
	Is the building located Designation Date:				BRS) area or Oth ☑ OPA	erwise Prote	cted Area (OPA)?	☐ Yes     No	
						MATION (C	URVEY REQUIR	, ED.	
C1	Building elevations ar		Construction			ing Under Co			tion
	*A new Elevation Cer	tificate will be req	uired when const	ruction c	f the building is	complete.			
C2.	Elevations – Zones A2 C2.a–h below accordi	1–A30, AE, AH, A ng to the building	(with BFE), VE, V1 diagram specifie	–V30, V d in Item	(with BFE), AR, A A7. In Puerto Ri	R/A, AR/AE, / co only, enter	AR/A1–A30, AR/AI r meters.	H, AR/AO. Complet	e Items
	Benchmark Utilized:					Datum: NA			
	Indicate elevation dat Datum used for buildi	um used for the e ng elevations mu	elevations in items st be the same as	s a) thro s that us	ugh h) below. ed for the BFE.	NGVD 1929			
	a) Top of bottom floor	r (including basen	nent, crawlspace.	or enclo	sure floor)	19 7		easurement used.  meters	
	b) Top of the next hig					na .	leet		
	c) Bottom of the lowe	est horizontal stru	ctural member (V	Zones o	nly)	<u>na</u>	feet	☐ meters	
	d) Attached garage (to	5001GE 1900 500000930850				<u>na</u>	lfeet	☐ meters	
	<ul> <li>e) Lowest elevation of (Describe type of experiment)</li> </ul>				ding	<u>19</u> . <u>1</u>	Ifeet	☐ meters	
	f) Lowest adjacent (fi	NA AND AND AND AND AND AND AND AND AND A	3		<u></u>	<u>18</u> . <u>9</u>	⊠ feet	☐ meters	
	g) Highest adjacent (f	0. 70	<b>U</b> ,		<u></u>	<u>19</u> . <u>0</u>	\begin{array}{c} \begin{array}{c} \begin{array}{c} \text{feet} \\ \end{array}	meters	
	h) Lowest adjacent gr structural support	ade at lowest ele	vation of deck or	stairs, ir	ncluding	<u>na</u> ,	feet	☐ meters	
		SECTION	ON D – SURVE	YOR, E	NGINEER, OR	ARCHITEC	T CERTIFICATION	ON	
ntorma	ertification is to be signation. I certify that the	e information on th	is Certificate repr	esents m	v best efforts to	interpret the	data available.	ion	
X Che	stand that any false s ck here if comments a ck here if attachment	are provided on ba		Were lat	sonment under 1 itude and longitu Hand surveyor?	de in Sectior		11888888888888888888888888888888888888	A. LILEO
Certifie	er's Name A. Liles	DECT			- Isina Sarveyor!	License Nui		Jet s	COLEAN TO THE THE PARTY OF THE
Title				Compan		101/4	THE STATE OF THE S	1 05	13/2016
Addres	ssional Surveyor	Cuito A 4		City	ido Patano	State	ZIP Code	97	PS-3174 Q
Signati	Popps Ferry Road	, Suite A-4		Biloxi Date		MS Telephone	39532		MISSIMIL
	faul li			05/13/	2016	(228) 388-	-1950	25100	MISSISIN

IMPORTANT: In these spaces, copy the corre	sponding information from Section	on A.		FOR INSURANC	E COMPANY USE
Building Street Address (including Apt., Unit, S 523 Camille Circle	uite, and/or Bldg. No.) or PO. Rou	te and Box No.		Policy Number:	
ity Naveland	State MS	ZIP Code 39576		Company NAIC Nu	mber:
SECTION D - S	URVEYOR, ENGINEER, OR A	RCHITECT CEI	RTIFICATION (	CONTINUED)	
opy both sides of this Elevation Certificate fo				ng owner.	
omments C2a = building slab elevation.	C2e= air conditioner pad. C2f	f and g)=existing	g grades		
			out the state of t		
Signature Fail a. ()		Date 05/13/20	016	B)	
SECTION E - BUILDING ELEVATION	INFORMATION (SURVEY N	OT REQUIRED	FOR ZONE A	O AND ZONE A	(WITHOUT BFE)
or Zones AO and A (without BFE), complete Ite or Items E1–E4, use natural grade, if available				R-F request, comple	ete Sections A, B,and
Provide elevation information for the follow grade (HAG) and the lowest adjacent grade	(LAG).	es to show wheth			
<ul><li>a) Top of bottom floor (including basement)</li><li>b) Top of bottom floor (including basement)</li></ul>	crawlspace, or enclosure) is		☐ feet ☐ me	ters above or	☐ below the HAG.☐ below the LAG.
2. For Building Diagrams 6–9 with permanent	, , ,	n A Items 8 and/	,	· · · · · · · · · · · · · · · · · · ·	*
the next higher floor (elevation C2.b in the	diagrams) of the building is		☐ feet ☐ me		below the HAG.
3. Attached garage (top of slab) is	ment convising the healthing in	• • • • • • • • • • • • • • • • • • • •	☐ feet ☐ me	research English and State State	☐ below the HAG. ☐ below the HAG.
4. Top of platform of machinery and/or equip 5. Zone AO only: If no flood depth number is a ordinance? ☐ Yes ☐ No ☐ Unknown		floor elevated in a	accordance with t		
SECTION F - PI	ROPERTY OWNER (OR OWN	ER'S REPRESE	ENTATIVE) CEF	RTIFICATION	
he property owner or owner's authorized repre one AO must sign here. The statements in Se	ections A, B, and E are correct to t			FEMA-issued or co	mmunity-issued BFE)
roperty Owner or Owner's Authorized Represe	ntative's Name				
ddress	*	City	S	tate ZIP 0	Code
gnature		Date	T	elephone	
omments					
				Chec	k here if attachments
\$	SECTION G – COMMUNITY I	NFORMATION	(OPTIONAL)		
ne local official who is authorized by law or ordi of this Elevation Certificate. Complete the app					
<ol> <li>The information in Section C was take who is authorized by law to certify ele</li> </ol>					
<ul><li>i2.  A community official completed Section</li></ul>	The same of the sa				Section of the sectio
3.   The following information (Items G4–	G10) is provided for community fl	oodplain manage	ment purposes.		
4. Permit Number	G5. Date Permit Issued	G6. [	Date Certificate O	f Compliance/Occu	pancy Issued
		I Improvement			
8. Elevation of as-built lowest floor (including			feet met		
<ol><li>BFE or (in Zone AO) depth of flooding at the 10.Community's design flood elevation:</li></ol>	ie building site:		☐ feet ☐ met		
			Lifeet Limet	ers Datum	
ocal Official's Name		Title			
ommunity Name		Telephone	<del></del>	·	
		Date			
omments					
	· · · · · · · · · · · · · · · · · · ·			1	

### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt. 523 Camille Circle	Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number:
City Waveland	State ZIP Code MS 39576	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Front view 05/13/2016



FEMA Form 086-0-33 (7/12)

Replaces all previous editions.

### **BUILDING PHOTOGRAPHS**

Continuation Page

IMPORTANT: In these spaces, copy t	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt 523 Camille Circle	., Unit, Suite, and/or Bldg. No.) or P.O. Route and	d Box No. Policy Number:
City Waveland	State ZIP C MS 395	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Rear view 05/13/2016



Replaces all previous editions.

# U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

## **ELEVATION CERTIFICATE**

**IMPORTANT:** Follow the instructions on pages 1–9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

S	ECTION A - PROPER	RTY INFORMATI	ON	FOR INSURA	NCE COMPANY USE	
A1. Building Owner's Name The Housing Authorit	Building Owner's Name The Housing Authority of the City of Waveland					
A2. Building Street Address (including Apt., Unit, Suite, 523 Camille Circle	and/or Bldg. No.) or P.O.		1	Company NAIC		
<sup>City</sup> Waveland		<sup>State</sup> MS	7	ZIP Code 39	576	
A3. Property Description (Lot and Block Numbers, Tax F Part of Tax Parcel #162H-0-03-018.00 (build	ling 14)					
A4. Building Use (e.g., Residential, Non-Residential, Ad A5. Latitude/Longitude: Lat. 30d17'15.5"	dition, Accessory, etc.) _ Long. <u>89d22'</u> 4	Residential 2.0"	Horizontal I	Datum: N	AD 1927 NAD 19	983
A6. Attach at least 2 photographs of the building if the				Datum. LIN	, 10 1021 E 1000 To	.00
A7. Building Diagram Number <u>1A</u> A8. For a building with a crawlspace or enclosure(s):		AQ For a h	ouilding with an att	tached darage	o.'	
a) Square footage of crawlspace or enclosure(s).	<u>na</u>		uare footage of at		222	q ft
b) Number of permanent flood openings in the cra or enclosure(s) within 1.0 foot above adjacent g	rade <u>na</u>	wit	hin 1.0 foot above	adjacent gra		
<ul> <li>c) Total net area of flood openings in A8.b</li> <li>d) Engineered flood openings?          ☐ Yes          ☒ No</li> </ul>			al net area of flood gineered flood ope		A9.b <u>na</u> so ]Yes ⊠No	q in
					1.00 100	
SECTION B - FI  B1. NFIP Community Name & Community Number	B2. Count		I) INFORMATIO	אכ	B3. State	
City of Waveland 285262	Hancocl	k			Ms	
B4. Map/Panel Number         B5. Suffix         B6. FIRM Ir           28045C0342         D         10/16	Revis	Panel Effective/ ed Date 0/16/2009	B8. Flood Zone(s		e Flood Elevation(s) (Zouse base flood depth)  18	ne
B10. Indicate the source of the Base Flood Elevation (BF					10	
☐ FIS Profile ☐ FIRM ☐ Community Determi						_
B11. Indicate elevation datum used for BFE in Item B9:		<b>⊠</b> NAVD 1988	☐ Other/Source			_
B12. Is the building located in a Coastal Barrier Resource		or Otherwise Protec	cted Area (OPA)?	☐ Yes	<b>⊠</b> No	
Designation Date:/						
	DING ELEVATION IN					
C1. Building elevations are based on: Construction   *A new Elevation Certificate will be required when the construction   *A new Elevation Certificate will be required when the construction    C1. Building elevations are based on: Construction    C2. Construction    C3. Construction    C4. Construction    C6. Construction    C7. Construction    C8. Construction    C9. Construction		Building Under Coing is complete.	nstruction*	☐ Finished (	Construction	
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), V C2.a–h below according to the building diagram spe Benchmark Utilized: GPS RTK-Trimble VRS Ne	ecified in Item A7. In Pue		r meters.	.H, AR/AO. Co	mplete Items	
Indicate elevation datum used for the elevations in Datum used for building elevations must be the sar	items a) through h) belo	ow. □ NGVD 1929	NAVD 1988			-
a) Top of bottom floor (including basement, crawlsp		196	Check the m	easurement u		
b) Top of the next higher floor		na .	leet			
c) Bottom of the lowest horizontal structural memb	er (V Zones only)	na	feet	meters	3	
d) Attached garage (top of slab)		<u>na</u>	feet			
e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Con	nments)	<u>19</u> . <u>5</u>	Ifeet			
f) Lowest adjacent (finished) grade next to building		19 . 0 19 . 3	Steet	28/15/4		
<ul><li>g) Highest adjacent (finished) grade next to building</li><li>h) Lowest adjacent grade at lowest elevation of de</li></ul>	-,	<u>19</u> . <u>3</u>	⊠ feet □ feet			
structural support	on or scans, including			. Lineters	,	
SECTION D – SU	RVEYOR, ENGINEER	, OR ARCHITEC	T CERTIFICATI	ON		
This certification is to be signed and sealed by a land sur	veyor, engineer, or archit	ect authorized by la	aw to certify elevat			
information. I certify that the information on this Certificate I understand that any false statement may be punishable t	e represents my best effo by fine or imprisonment u	orts to interpret the under 18 U.S. Code,	data available. Section 1001.		A Line	
☑ Check here if comments are provided on back of form. ☑ Check here if attachments.	Were latitude and licensed land surv	i .	□No	41888E	ASE PLACES.	988
Certifier's Name Paul A. Liles		License Nu 3174	ımber		SURVEYDAL P	199998
Title Professional Surveyor	Company Name Machado Patar			18888	03/23/2016	POURSO.
Address 1641 Popps Ferry Road, Suite A-4	City Biloxi	State MS	ZIP Code 39532	O.	PS-3174 Q	11/12

Signature

Telephone (228) 388-1950

Date 03/23/2016

MPORTANT: In these spaces, copy the	corresponding information from Section	n A.		FOR INSURANCE COMPANY USE
uilding Street Address (including Apt., 523 Camille Circle	Unit, Suite, and/or Bldg. No.) or P.O. Rout	te and Box No.		Policy Number:
<sup>ty</sup> Vaveland	State MS	ZIP Code 39576		Company NAIC Number:
SECTION	D – SURVEYOR, ENGINEER, OR A	RCHITECT CE	RTIFICATION (C	ONTINUED)
ppy both sides of this Elevation Certific	cate for (1) community official, (2) insura	nce agent/compa	any, and (3) building	g owner.
omments C2a = building slab eleva	ation. C2e= proposed air conditione	r pad. C2f and	g)=existing grad	es
ignature /	<del>_</del>	Date as as as		
Fam a. C	/	Date 03/23/20		
	ATION INFORMATION (SURVEY N			
	lete Items E1–E5. If the Certificate is int /ailable. Check the measurement used.			F request, complete Sections A, B, and
	following and check the appropriate box			above or below the highest adjacent
a) Top of bottom floor (including base			☐ feet ☐ mete	and the first terminal and the first terminal and the second seco
b) Top of bottom floor (including base			feet mete	
<ol><li>For Building Diagrams 6–9 with perm the next higher floor (elevation C2.b</li></ol>	nanent flood openings provided in Section	n A Items & and/	or 9 (see pages 8-	
3. Attached garage (top of slab) is	in the diagrams) of the building is		☐ feet ☐ mete	
1. Top of platform of machinery and/or	equipment servicing the building is		☐ feet ☐ mete	60 mm
5. Zone AO only: If no flood depth numb	per is available, is the top of the bottom known. The local official must certify this	floor elevated in	accordance with th	
SECTION	F – PROPERTY OWNER (OR OWN	ER'S REPRESI	ENTATIVE) CER	TIFICATION
e property owner or owner's authorized one AO must sign here. The statements	d representative who completes Sections in Sections A, B, and E are correct to the	s A, B, and E for 2 he best of my kno	Zone A (without a F owledge.	EMA-issued or community-issued BFE)
operty Owner or Owner's Authorized Re	epresentative's Name			
ddress		City	Sta	ate ZIP Code
gnature		Date	Те	lephone
omments				
				Check here if attachments
	SECTION G – COMMUNITY II			
of this Elevation Certificate. Complete t	or ordinance to administer the community he applicable item(s) and sign below. Che	ck the measurem	ent used in Items (	G8–G10. In Puerto Rico only, enter mete
<ol> <li>The information in Section C was who is authorized by law to cer.</li> </ol>	as taken from other documentation that tify elevation information. (Indicate the	t has been signed source and date	d and sealed by a of the elevation da	licensed surveyor, engineer, or archite ata in the Comments area below.)
	Section E for a building located in Zone			2015-200-416-4 (c. 1.1.) (4-1.) - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
3. $\square$ The following information (Item	s G4-G10) is provided for community fl	oodplain manage	ement purposes.	
4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate Of	Compliance/Occupancy Issued
7. This permit has been issued for:	A CONTRACTOR OF THE PROPERTY O	I Improvement		80
8. Elevation of as-built lowest floor (in	Participation of the Control of the		☐ feet ☐ mete	
BFE or (in Zone AO) depth of flooding     Community's design flood elevation	A SECRETARY SECURITIES TO SECOND		☐ feet ☐ mete	
10.Community's design flood elevation	<u></u>		пеес пшесе	ns Datum
ocal Official's Name		Title		
ommunity Name		Telephone		
gnature		Date		
omments				

### U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

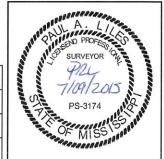
# **ELEVATION CERTIFICATE**

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

52	owning circle					FOR INSURANCE COMPANY USE		
A1.	Building Owner's Nar	ne The Housir	ng Authority of the C	ity of Waveland			Policy Number:	
A2.	500 Camille	ess (including Apt Court, Buildin	., Unit, Suite, and/or Bldg g No.14			1	Company NAIC I	
	City Waveland			State	MS	Z	IP Code 395	76
·	Part of Tax Parce	1#162H-0-03-0						
A5. A6. A7.	Latitude/Longitude: I Attach at least 2 pho Building Diagram Nur For a building with a a) Square footage o b) Number of perma	Lat. 30d17'15.5  tographs of the base 1A  crawlspace or ender for the crawlspace or ender the crawlspace or ender the companion of the compani	ouilding if the Certificate is  closure(s): nclosure(s) ns gs in the crawlspace ve adjacent grade  na	g. <u>89d22'42.0"</u> s being used to obta	A9. For a a) So b) N w c) To	nsurance. building with an atta quare footage of att	ached garage t flood opening adjacent grad I openings in A	na sq ft gs in the attached garage e na sq in
		SEC.	TION B – FLOOD INSU	IRANCE RATE M	AP (FIR	M) INFORMATIO	N	
	NFIP Community Nam City of Waveland 2	e & Community N 285262	lumber	B2. County Name Hancock				B3. State Ms
B4.	Map/Panel Number 28045C0342	B5. Suffix	B6. FIRM Index Date 10/16/2009	B7. FIRM Panel English Revised Date 10/16/200		B8. Flood Zone(s	B9. Base A0, us	Flood Elevation(s) (Zone se base flood depth)
B11.	☐ FIS Profile ☐ FIS Indicate elevation date	IRM ☐ Commitum used for BFE	in Item B9: NGVD	her/Source:	1988	Other/Source:		No
			N C - BUILDING ELE		ATION (	SIIDVEV DEGIIID	ED)	
C2.	Elevations – Zones A	re based on: tificate will be red 1–A30, AE, AH, A	☑ Construction Drawing quired when construction (with BFE), VE, V1–V30, V	gs* Building of the building is co	g Under C mplete.	onstruction*	☐ Finished Co	
	C2.a–h below accordi Benchmark Utilized: <sub>-</sub>		g diagram specified in Iten ble VRS Network		a transmission registration	er meters. AVD 1988		-
			elevations in items a) thro est be the same as that us		IGVD 192		Other/Sour	
	b) Top of the next hig c) Bottom of the lowed d) Attached garage (t e) Lowest elevation of	gher floor est horizontal stru op of slab) of machinery or ed	ment, crawlspace, or enclouding the buctural member (V Zones of the bucation in Comments)	only)!	19 . 5 na . na . na . 19 . 5	<b>I</b> feet	meters meters meters meters meters meters	
	f) Lowest adjacent (f g) Highest adjacent (	inished) grade ne finished) grade ne	ext to building (LAG)		16 . 3 16 . 9 na .		☐ meters ☐ meters ☐ meters	
		SECTI	ON D - SURVEYOR, E	NGINEER, OR A	RCHITE	CT CERTIFICATIO	ON	
inform I unde	ation. I certify that the rstand that any false s	e information on t statement may be	oy a land surveyor, engine his Certificate represents r punishable by fine or imp	my best efforts to in risonment under 18	terpret the U.S. Code	e data available. e, Section 1001.	on	Manage Land
	ck here if comments ck here if attachment	CONTRACTOR OF THE CONTRACTOR O		titude and longituded land surveyor?	e in Section  Yes	on A provided by a  No	AND REPORT	SURVEYOR OF
	er's Name A. Liles				License N 3174	umber	- Inner	4124



Address 1641 Popps Ferry Road, Suite A-4

Title Professional Surveyor

Signature

State MS

Telephone (228) 388-1950

ZIP Code 39532

Company Name Machado Patano

City Biloxi

Date 07/09/2015

IMPORTANT: In these spaces, copy the corresponding information from		FOR INSURANCE COMPANY USE
uilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or I 500 Camille Court, Building No.14		
ity State Waveland MS	ZIP Code 39576	Company NAIC Number:
SECTION D - SURVEYOR, ENGINEER,	OR ARCHITECT C	ERTIFICATION (CONTINUED)
opy both sides of this Elevation Certificate for (1) community official, (2	) insurance agent/con	npany, and (3) building owner.
omments C2e= proposed air conditioner pad	5	
C2f and g)=existing grades		
ignature Jan A	Date 07/09	)/2015
SECTION E - BUILDING ELEVATION INFORMATION (SUR	VEY NOT REQUIRE	ED) FOR ZONE AO AND ZONE A (WITHOUT BFE)
or Zones AO and A (without BFE), complete Items E1–E5. If the Certifica or Items E1–E4, use natural grade, if available. Check the measurement		
<ol> <li>Provide elevation information for the following and check the appropri grade (HAG) and the lowest adjacent grade (LAG).</li> </ol>		
a) Top of bottom floor (including basement, crawlspace, or enclosure)	is	_
b) Top of bottom floor (including basement, crawlspace, or enclosure)	is	_ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
2. For Building Diagrams 6–9 with permanent flood openings provided in	Section A Items 8 ar	nd/or 9 (see pages 8-9 of Instructions),
the next higher floor (elevation C2.b in the diagrams) of the building i	s,	_
3. Attached garage (top of slab) is		_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
<ol><li>Top of platform of machinery and/or equipment servicing the building</li></ol>		
5. Zone AO only: If no flood depth number is available, is the top of the ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must ce		
SECTION F - PROPERTY OWNER (OR	OWNER'S REPRE	SENTATIVE) CERTIFICATION
ne property owner or owner's authorized representative who completes one AO must sign here. The statements in Sections A, B, and E are corr		
roperty Owner or Owner's Authorized Representative's Name	011	710.0
ddress	City	State ZIP Code
gnature	Date	Telephone
omments		
		Check here if attachment
SECTION G – COMMU	NITY INFORMATIO	N (OPTIONAL)
ne local official who is authorized by law or ordinance to administer the co	mmunity's floodplain m	nanagement ordinance can complete Sections A, B, C (or E), a
of this Elevation Certificate. Complete the applicable item(s) and sign bel		20 APP 1 APP 1 APP 1 APP 1 APP 2 AP
<ol> <li>The information in Section C was taken from other documentat who is authorized by law to certify elevation information. (Indicated)</li> </ol>	ion that has been sig ate the source and da	ned and sealed by a licensed surveyor, engineer, or archit te of the elevation data in the Comments area below.)
2.   A community official completed Section E for a building located i		
3. $\square$ The following information (Items G4–G10) is provided for comm	unity floodplain mana	agement purposes.
4. Permit Number G5. Date Permit Issued	G	6. Date Certificate Of Compliance/Occupancy Issued
7. This permit has been issued for: New Construction Sul	ostantial Improvement	
8. Elevation of as-built lowest floor (including basement) of the building	g:	feet meters Datum
9. BFE or (in Zone AO) depth of flooding at the building site:	•	☐ feet ☐ meters Datum
10.Community's design flood elevation:		☐ feet ☐ meters Datum
ocal Official's Name	Title	
ommunity Name	Telephone	
gnature	Date	
omments		
		Check here if attachment